

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM **460**

Page 1 of 33

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 10/21/2018
through 12/31/2018

Date of election if applicable:
(Month, Day, Year)

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- | | |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
(Also Complete Part 5.) | <input checked="" type="checkbox"/> Ballot Measure Committee
<input checked="" type="radio"/> Primary Formed
<input type="radio"/> Controlled
<input checked="" type="radio"/> Sponsored
(Also Complete Part 6.) |
| <input type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.) |

2. Type of Statement:

- | | |
|--|--|
| <input type="checkbox"/> Pre-election Statement
<input checked="" type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 495 |
|--|--|

3. Committee Information

I.D. NUMBER
1407354

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	<u>(916)442-2952</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS
(916) 442-1280 / info@olsonhagel.com

Treasurer(s)

NAME OF TREASURER
Brian Rice

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95833</u>	<u>(916)921-9111</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/24/2019 By Brian Rice
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/24/2019 By Brian Rice
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee



OF BALLOT MEASURE

Changes Requirements for Certain Property Owners to Transfer Their Property Tax Base to Replacement

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

5

Statewide

☒ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 10/21/2018 through 12/31/2018	CALIFORNIA FORM 460 Page 3 of 33 I.D. NUMBER 1407354
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$10,000.00	\$2,636,000.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$10,000.00	\$2,636,000.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$19,159.27	\$29,896.75
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$29,159.27	\$2,665,896.75

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$424,806.80	\$2,612,194.30
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$424,806.80	\$2,612,194.30
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$890.00)	\$0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$19,159.27	\$29,896.75
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$443,076.07	\$2,642,091.05

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$438,742.35	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$10,000.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00	
15. Cash Payments	Column A, Line 8 above	\$424,806.80	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$23,935.55	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$0.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 4 of 33
		I.D. Number 1407354

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/29/2018	American Federation of State, County & Municipal Employees Local No. 685 PAC Los Angeles, CA 90057 Committee ID: 744558	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$10,000.00	\$10,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL				\$10,000.00		

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$10,000.00
2. Amount received this period - unitemized contributions of less than \$100	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$10,000.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 10/21/2018
through 12/31/2018

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations

I.D. NUMBER

1407354

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____

Enter the net here and on the Summary Page, Column A, Line 2.

(may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 10/21/2018 through 12/31/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2018	California Federation of Teachers COPE Prop/Ballot Committee Burbank, CA 91505 Committee ID: 1240104	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Slate Mailer	\$12,500.00	\$162,500.00	
10/24/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Printing	\$83.39	\$7,657.75	
10/25/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Printing	\$33.88	\$7,657.75	
10/25/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Printing	\$35.38	\$7,657.75	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$19,159.27

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.)..... \$19,159.27
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL** \$19,159.27

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Printing	\$2.25	\$7,657.75	
10/31/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Data	\$4.80	\$7,657.75	
10/31/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Mail Production and Postage	\$123.70	\$7,657.75	
10/31/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Data	\$1.08	\$7,657.75	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations

I.D. Number
1407354

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2018	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Data	\$4.79	\$7,657.75	
10/24/2018	Safe & Affordable San Francisco Sacramento, CA 95815 Committee ID: 1400471	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Slate Mailer	\$5,000.00	\$5,000.00	
10/21/2018	Californians for Justice Education Fund Oakland, CA 94601	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Time and ballot party; 10/21/18-11/6/18	\$1,370.00	\$1,811.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$19,159.27

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....

2. Amount received this period - unitemized nonmonetary contributions of less than \$100

3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes

IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		SCHEDULE D	
from	10/21/2018	CALIFORNIA FORM 460	
through	12/31/2018	Page 10 of 33	
		I.D. NUMBER 1407354	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution				
		<input type="checkbox"/> Nonmonetary Contribution				
		<input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution				
		<input type="checkbox"/> Nonmonetary Contribution				
		<input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution				
		<input type="checkbox"/> Nonmonetary Contribution				
		<input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) _____
2. Unitemized contributions and independent expenditures made this period of under \$100 _____
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** _____

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 10/21/2018 through 12/31/2018		CALIFORNIA FORM 460 Page 11 of 33
NAME OF FILER No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations		I.D. NUMBER 1407354

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Greenstripe Media, Inc. Newport Beach, CA 92663	TEL		\$85,000.00
American Media Strategies LLC Washington, DC 20009	WEB		\$250,000.00
Equality California Political Action Committee Los Angeles, CA 90010		Slate Mailer	\$10,000.00
Committee ID: 1254010			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$424,756.80
2. Unitemized payments made this period of under \$100.	\$50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$424,806.80

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 12 of 33
NAME OF FILER No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations		I.D. NUMBER 1407354

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Firestar Studios, Inc. Sacramento, CA 95833	WEB			\$890.00
Firestar Studios, Inc. Sacramento, CA 95833	WEB			\$1,595.00
Incitement LLC New York, NY 10001	LIT			\$2,100.00
Incitement LLC New York, NY 10001	WEB			\$3,000.00
Ethnic Media Services dba San Francisco Study Center San Francisco, CA 94103	PRT			\$160.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 10/21/2018 through 12/31/2018		CALIFORNIA FORM 460 Page 13 of 33
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Tim Davis Creative Sacramento, CA 95816	LIT			\$1,464.75
Greenstripe Media, Inc. Newport Beach, CA 92663	TEL			\$20,000.00
Kaufman Campaign Consultants, Inc. Sacramento, CA 95814	CNS			\$20,000.00
Paschal Roth Public Affairs Sacramento, CA 95814	CNS			\$15,000.00
Paschal Roth Public Affairs Sacramento, CA 95814	POS			\$113.51

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
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NAME OF FILER No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations		I.D. NUMBER 1407354

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lenny Goldberg and Associates Portland, OR 97212	CNS			\$2,500.00
David Binder Research San Francisco, CA 94102	POL			\$2,500.00
Olson, Hagel & Fishburn, LLP Sacramento, CA 95814	PRO			\$9,557.32
Olson, Hagel & Fishburn, LLP Sacramento, CA 95814	PRO			\$876.22

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$424,756.80

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 10/21/2018
through 12/31/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations

I.D. NUMBER
1407354

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Firestar Studios, Inc. Sacramento, CA 95833	WEB	\$890.00	\$0.00	\$890.00	\$0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$890.00 \$0.00 \$890.00 \$0.00

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS** \$0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS** \$890.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET** (\$890.00)
May be a negative number.

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations

I.D. NUMBER
1407354

NAME OF AGENT OR INDEPENDENT CONTRACTOR

American Media Strategies LLC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Media Math New York, NY 10007	WEB			\$157,749.27
Bee Media Sacramento, CA 95816	WEB			\$10,000.00
Facebook Menlo Park, CA 94025	WEB			\$123,637.00
Google LLC Mountain View, CA 94043	WEB			\$34,750.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$326136.27

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
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SCHEDULE G

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NAME OF FILER

No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations

I.D. NUMBER
1407354

NAME OF AGENT OR INDEPENDENT CONTRACTOR

American Media Strategies LLC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TubeMogul Emeryville, CA 94608	WEB			\$177,422.88
Political Data, Inc. Norwalk, CA 90650	WEB			\$80,000.00
Los Angeles Times Media Group Los Angeles, CA 90012	WEB			\$12,500.00
Hearst Bay Area San Francisco, CA 94103	WEB			\$12,500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$282422.88

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
from 10/21/2018
through 12/31/2018

CALIFORNIA
FORM **460**

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NAME OF FILER

No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations

I.D. NUMBER
1407354

NAME OF AGENT OR INDEPENDENT CONTRACTOR

David Binder Research

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GSK Research, Inc. Las Vegas, NV 89119	POL			\$1,735.59

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1735.59

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations

I.D. NUMBER
1407354

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Ethnic Media Services dba San Francisco Study Center

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
El Latino Newspaper Chula Vista, CA 91910	PRT			\$1,995.00
The Korea Times L.A. Inc Los Angeles, CA 90010	PRT			\$1,800.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3795.00

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations

I.D. NUMBER
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NAME OF AGENT OR INDEPENDENT CONTRACTOR
Firestar Studios, Inc.

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NK Media Sacramento, CA 95818	WEB			\$650.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$650.00

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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I.D. NUMBER
1407354

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Greenstripe Media, Inc.

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KKFX-TV Santa Barbara, CA 93109	TEL			\$3,944.00
KHSL-TV Chico, CA 95973	TEL			\$850.00
KGPE-TV Fresno, CA 93727	TEL			\$7,990.00
KGET-TV Bakersfield, CA 93301	TEL			\$5,966.15

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$18750.15

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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1407354

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Greenstripe Media, Inc.

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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KFSN-TV Philadelphia, CA 19131	TEL			\$10,370.00
KEYT-TV Santa Barbara, CA 93109	TEL			\$3,187.50
KERO-TV Bakersfield, CA 93301	TEL			\$1,683.00
KCRA-TV Los Angeles, CA 90036	TEL			\$17,425.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$32665.50

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Greenstripe Media, Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KCOY-TV Santa Barbara, CA 93109	TEL			\$1,683.00
KBFX-TV Bakersfield, CA 93301	TEL			\$3,982.25
KBAK-TV Bakersfield, CA 93301	TEL			\$4,258.50
KMPH-TV Los Angeles, CA 90036	TEL			\$9,350.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$19273.75

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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NAME OF FILER

No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations

I.D. NUMBER
1407354

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Greenstripe Media, Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Spectrum- Bakersfield Bakersfield, CA 93308	TEL			\$4,250.00
NBC Sports Regional Networks Universal City, CA 91608	TEL			\$10,463.50
KXTV-TV Los Angeles, CA 90036	TEL			\$9,477.50
KTXL-TV Los Angeles, CA 90036	TEL			\$14,195.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$38386.00

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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to whole dollars.

SCHEDULE G

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NAME OF FILER
No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations

I.D. NUMBER
1407354

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Greenstripe Media, Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KSEE-TV Fresno, CA 93727	TEL			\$4,862.00
KSBY-TV Los Angeles, CA 90036	TEL			\$2,890.00
KOVR-TV Sacramento, CA 95605	TEL			\$12,622.50
KNVN-TV Chico, CA 95973	TEL			\$2,592.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$22967.00

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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I.D. NUMBER
1407354

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Media Math

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GumGum Santa Monica, CA 90401	WEB			\$32,774.68
Google AdEX Mountain View, CA 94043	WEB			\$1,907.50
BrightRoll Exchange for Display Sunnyvale, CA 94089	WEB			\$4,927.49
Rubicon Project Los Angeles, CA 90094	WEB			\$25,782.34

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$65392.01

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LiveIntent Exchange New York, NY 10038	WEB			\$4,467.04
IndexExchange New York, NY 10010	WEB			\$85,975.75

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$90442.79

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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1407354

NAME OF AGENT OR INDEPENDENT CONTRACTOR

TubeMogul

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GumGum Santa Monica, CA 90401	WEB			\$23,829.02
Google AdEX Mountain View, CA 94043	WEB			\$19,898.48
FreeWheel via Stickyads San Francisco, CA 94105	WEB			\$2,546.85
IndexExchange New York, NY 10010	WEB			\$1,085.42

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$47359.77

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LKQD Foothill Ranch, CA 92610	WEB			\$9,522.05
OpenX Santa Clara, CA 95054	WEB			\$17,091.76
Rubicon Project Los Angeles, CA 90094	WEB			\$3,600.58
Tremor Video via Videohub New York, NY 10036	WEB			\$13,192.87

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$43407.26

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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1407354

NAME OF AGENT OR INDEPENDENT CONTRACTOR

TubeMogul

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Adap.tv San Mateo, CA 94403	WEB			\$65,446.99
SpotXchange Broomfield, CO 80021	WEB			\$16,585.01

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$82032.00

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period

from 10/21/2018

through 12/31/2018

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I.D. NUMBER

1407354

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period

(Total Column (b) plus unitemized loans less than \$100.)

** If Required

2. Payments received on loans

(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**

(Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
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Statement covers period
from 10/21/2018
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SCHEDULE I
CALIFORNIA FORM 460
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No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations

I.D. NUMBER
1407354

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$.00

Schedule I Summary

- Increases to cash of \$100 or more this period..... \$.00
- Unitemized increases to cash under \$100 this period..... \$.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$.00

Memo Reference:
Schedule G- Greenstripe Media, Inc.: Subvendors disclosed for payment in prior reporting period. Schedule G- Ethnic Media Services dba San Francisco Study Center: Subvendors disclosed for payment in prior reporting period. Schedule G- American Media Strategies LLC: Subvendors disclosed for payment in prior reporting period.